File with: lowa Ethics and Campaign Disclosure Board 510 E. 12<sup>th</sup>, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073



IA ETHICS AND DAMPAIGN DISCLOSORE R

#### FOR INSTRUCTIONS, SEE BACK OF FORM

### **DISCLOSURE SUMMARY PAGE**

2010 MAY 18 AM 9: 36

COMMITTEE NAME (Must be same as on Statement of Organical Committee NAME)	anization)				
ApppanoosemCounty Republican ( IMPORTANT: Indicate by # type of committee you are reporting for: (1) Statewide/Legislative/Judge Standing for Retention Candidate ( (4) County Central Committee (5) County Candidate (6) City Candi Subdivision Candidate (8) County PAC (9) City PAC (10) School 11) Local Ballot Issue	2) State PAC (3) State Party		FORM DR-2 (Rev. 07/2007) For Office Use On	DISCLOSURE REPORT	
CANDIDATE COMMITTEES ONLY:			Comm.#	4001	
Candidate Name	Political Party (if applicable)	1 1	Logged In Scanne		
		1 1			
Office Sought District (if Senate or House)			Audited		
Late reports are subject to possible civil and criminal penalties. Pu  Mary Gun Uctuare  SIGNATURE OF PERSON FILING REPORT	rsuant to Iowa Code sections 68B.32A  641-647-2624  TELEPHONE				
1 AM FILING A 5-14-10	REPORT FOR (1) ELECTION	/( <u>2)</u> NON	-ELECTION YEA	NR.	
(report date)	Indicate by #	# [ <u>[</u>			
CHECK IF AMENDMENT TO REPORT DATED		Local Cor	nmittees, enter Dat	e of Election	
Check if this is final (termination) report and attach Notice o (You must continue to file reports until a DR-3 is filed.	f Dissolution Form DR-3.	County &	Local Committees, ction is held		
		۸.			
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STATEMENT OF CASH ON HAND			ppanoose_		
CASH ON HAND at the beginning of the reporting period. (Toi committee. This amount MUST be the same as the committee.	al of all funds held by the ash on hand at the end			237.00	
CASH ON HAND at the beginning of the reporting period. (Tol	al of all funds held by the ash on hand at the end			237.00	
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## For instructions, See Back of Form

#### CONTRIBUTIONS - MONEY TAKEN IN

(Including candidate's personal funds)

COMMITTEE NAME (M	ust be same	as on Statement of	Organization)	
Appanoose	County	Republican	Central	Committee

SCHEDULE A (Rev. 06/97)	MONETARY RECEIPTS
CHE AME?	CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), lowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
1/27/10	ID#	Buck Bag Delegates		\$ 182.00 250.00	·
3/8/10	ID# CK#	State Delegates County Delegates		120.00 50.00	
3/31/10	CK#	និធិន្ <b>ដន់</b> State Delegate fees		<b>₩</b> 0.00	
4/30/1	ID# ©K# ID#	State Delegate Fees		80.00	
	CK#				
	ID# CK#				
	ID# CK#		-		To the second se
	ID# CK#				
	ID# CK#				
ĺ	ID# CK#				

SUB-TOTAL
TOTAL (if last page of this

schedule)

\$ 722.00 722.00 \$ 732.00

Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

# EXPENDITURES - MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES
	CK THIS BOX IF NOING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAMÉ AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
1/5/1	ID# 0 1403 CK#	Ad Express Centerville, Iowsa	Newspaper Ad	48.00
1	ID# CK# <sup>1404</sup>	Darrell Tisue Memorial	Memorial Fund	25.00
	<b>ICK#</b> 1405	Bob Pontious Centerville, Iowa	Printing	20.22
3/8/1	D# 0 CK# 1406	Republican Party of Io Des Moine, Iowa	wa State Delegates	360.00
5/2/10	<b>D# CK#</b> 1407	Gwrald Banks Memorial	Memorial Fund	25.00
	D# CK#			
	O# :K#			
	O# K#			
		• 6 1	SUB-TOTAL	\$ 478.22

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

<sup>3</sup>urchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 56.6(3)(i).)

Page	1		of	1
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478.22